

"FIT Camp" SCHOLARSHIP APPLICATION INSTRUCTIONS

Statement of Intent

The City of San José's Department of Parks, Recreation and Neighborhood Services' "FIT Camp" Scholarship Program will ensure that qualifying San José residents will have reasonable access to participate in the camp. ***All requests are subject to available funding.***

****Please note that the "FIT Camp" Scholarship Program is not equivalent to the "Youth City" Scholarship and therefore is not transferable and cannot be used in combination with any other scholarship program. Eligibility for the "Youth City" Scholarship does not guarantee acceptance for the "FIT Camp" Scholarship.***

Eligibility Criteria

1. FIT Camp Scholarship Applications are only available at participating City of San José Community Centers and parks. Applications for this Scholarship Program and proof of eligibility will be accepted in person only at the participating Community Centers. Applications and proof of eligibility will be reviewed at the time of registration and the discounted balance will be due at that time. If qualified, scholarships will be available for the *current* FIT Camp season and are subject to funding availability.
2. Scholarship Recipient must be under age 18 years (or still actively enrolled in high school) and a San José resident. **Proof of residency includes utility bills that have the name and address of the participant, parent or legal guardian and must also be submitted with application.**
3. Verification documentation is required and **copies must be submitted with application.** Parent or Legal Guardian must currently be participating in one of the following State and/or Federal Assistance Programs: Subsidized housing; Section 8 Rent Subsidy; Temporary Assistance for Needy Families (TANF); Food Stamps; Medi-Cal; California's Life Line Program (reduced rates for phone); Women, Infants & Children (WIC); Supplemental Security Income (SSI), Free or Reduced lunch program or if both parents/guardians are unemployed and receiving CA State Unemployment Insurance benefits. Parent or Legal Guardian can also be enlisted in the U.S. Military and must be considered an "active" member.

Or Health criteria: Your child is pre-diabetic or diabetes runs in your family. *Or* you can provide a doctor's referral for your child to be enrolled in this camp. *Or* your child falls into the unhealthy BMI %.(see Specialist onsite)

Scholarships apply only to the FIT Camp programs located at participating Community Centers and parks operated by the City of San José.

4. Scholarships will be awarded to qualifying applicants on a first-come, first-served basis and are subject to available funding.
5. If scholarship application is approved, the discount will be awarded upon completion of registration. Customer is responsible for paying the discounted rate for each session. No payment plans are available for scholarships and no spaces will be held from session to session for any participant. Scholarship funds are not available for expenses beyond the listed price such as, but not limited to: bag lunches and personal refreshments.
6. Any refunds will only be for the amount paid by customer. Refund requests must be in writing and follow the existing Department of Parks, Recreation and Neighborhood Services' Refund Policies. See Activity Guide or visit our website at www.sanjoseca.gov/prns for more information.

“FIT Camp” SCHOLARSHIP PROGRAM APPLICATION - 2014

Camp Location/Center: _____ **Today's Date:** _____

Have you ever applied for a San Jose scholarship? If so, when/where? _____

Applications accepted IN PERSON ONLY at participating Community Centers.

Scholarships are awarded as funding is available. Completion of this application does not guarantee approval of a Scholarship. Include copies of required documents listed below. Your application will not be processed without the information requested. All information is confidential. No Faxes Accepted!

- Proof of San Jose Residency (utility bill, etc.)
- Proof of Identity
- Proof of age 18 and under
- Proof of one of the following State and/or Federal Level restricted income programs, or health criteria:

Subsidized housing, Section 8 rent subsidy, Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Food Stamps, Medi-Cal, San Jose Life Line program (reduced rates for phone), Women, Infants & Children (WIC), Supplemental Security Income (SSI), School District Free or Reduced Lunch letter, CA Unemployment Insurance or U.S. Military Dependents. Or Health criteria: Your child is pre-diabetic or diabetes runs in your family. *Or you can provide a doctor's referral for your child to be enrolled in this camp. Or your child falls into the unhealthy BMI %.(see Specialist onsite)*

Participant Information (Please Print) One participant per form – Non-transferable

Last Name	First Name	Gender (M/F)	Date of Birth	Age
Address	Apt. #	City	Zip	Phone

Parent or Legal Guardian (Please Print)

Last Name	First Name	Home Phone	Alternate Phone	Email
Address (if different than above)		Apt. #	City	Zip

Secondary Adult or Legal Guardian (Please Print)

Last Name	First Name	Home Phone	Alternate Phone	Email
-----------	------------	------------	-----------------	-------

CUSTOMER ACKNOWLEDGEMENT AND DISCLAIMER

The information provided is true and correct and the eligibility criterion has been met. Any falsification of information will be cause for immediate and automatic disqualification from this program. Scholarships are awarded as funding is available and this application does not guarantee an award. Customers are responsible for the discounted price of the camp upon approval and at the time of registration. Customer is responsible for any additional costs (supplies, etc.) that are not covered by the scholarship funds. Participation in the Scholarship Program will be subject to all Policies and Procedures set forth by the City of San José's Department of Parks, Recreation & Neighborhood Services.

I understand that my signature below indicates that I have read and understand the policies and procedures of the City of San José and the Scholarship Program provided by the Department of Parks, Recreation and Neighborhood Services.

Print Name _____ **Signature:** _____

Date: _____

FOR OFFICE USE ONLY

If denied, reason for denial _____

Eligibility Verified by Supervisor: _____

Print Name	Signature	Date
------------	-----------	------